

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert S Schultz MD**

Mailing Address 2667 Weldon Rd

City State Zip Code  
 Billings MT 59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : 5758818**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeff Alan Traub MD**

Mailing Address 215 Bright Water Cove

City State Zip Code  
 Alpharetta GA 30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : 5762649**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael S Kain MD**

Mailing Address 16 Blossom St

City State Zip Code  
 Lexington MA 02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : 5762650**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00